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PTO/SB/21 (08-03)

Approved for use through 8/30/2003. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

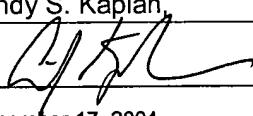
		Application Number	09/608,789
		Filing Date	June 30, 2000
		First Named Inventor	Peter TENEREILLO
		Group Art Unit	2157
		Examiner Name	Barbara N. BURGESS
Total Number of Pages in This Submission		Attorney Docket Number	CISCP662

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	RITTER, LANG & KAPLAN LLP Cindy S. Kaplan	
Signature		
Date	Reg. No. 40,043 December 17, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown:

December 17, 2004

Typed or printed name	Michelle R. Crosby		
Signature		Date	December 17, 2004

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FEE TRANSMITTAL for FY 2003

Effective 01/01/03. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1210.000)

METHOD OF PAYMENT (check all that apply)
 Check Credit Card MoneyOrder Other None
 Deposit Account:

 Deposit
Account
Number

50-1652

 Deposit
Account
Name

Ritter, Lang & Kaplan LLP

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION
1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	490	2002	245
1003	660	2003	330
1004	790	2004	395
1005	160	2005	80
		Utility filing fee	
		Design filing fee	
		Plant filing fee	
		Reissue filing fee	
		Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Claims	Extra	Fee from below	Fee Paid
Total Claims		-20**	=	
Independent Claims		-3**	=	
Multiple Dependent			X	

Fee Description			
Fee Cod e	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	88	2201	44
1203	300	2203	150
1204	88	2204	44
1205	18	2205	9
Claims in excess of 20			
Independent claims in excess of 3			
Multiple dependent claim, if not paid			
** Reissue independent claims over original patent			
** Reissue claims in excess of 20 and over original patent			

 SUBTOTAL
(2)

(\$)

**or number previously paid, if greater; For Reissues, see above

Complete if Known	
Application Number	09/608,789
Filing Date	June 30, 2000
First Named Inventor	Peter TENEREILLO
Examiner Name	Barbara N. BURGESS
Group Art Unit	2157
Attorney Docket No.	CISCP662

FEE CALCULATION (continued)

3. ADDITIONAL FEES				
Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	430	2252	215	Extension for reply within second month
1253	980	2253	490	Extension for reply within third month
1254	1,530	2254	765	Extension for reply within fourth month
1255	2,080	2255	1,040	Extension for reply within fifth month
1401	340	2401	170	Notice of Appeal
1402	340	2402	170	Filing a brief in support of an appeal
1403	300	2403	150	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,370	2453	685	Petition to revive - unintentional
1501	1,370	2501	685	Utility issue fee (or reissue)
1502	490	2502	245	Design issue fee
1503	660	2503	330	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Petitions related to provisional applications
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
1801	790	2801	395	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify)-

Extension fee total is minus 110.00 already paid on 10/13/04.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$1210.00)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	Date
Cindy S. Kaplan		40,043	Telephone 408-446-8695

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimate to take 12 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR